STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	aura M. Weston		
II. Name of lobbyist's partnershi	p, firm or corporation, if any:		
MM Weston + A	Issociates, PLIC		
•	nip, firm or corporation)	.	17707
PO BOX 990 Business Address: (Street)	Concord, (Town(City)	NH (State)	03302 (Zip Code)
, ,	(TOWE City)	•	
(1003) 224-4077 (Telephone)	(603) <u>229 - 4099</u> (Fax)	e-mail <u>Muura</u>	e mmwaton, on mic
III. This statement covers: (Choo reportable expense transactions			ay file a separate report for
All reportable transactions occ	urring in the months prior to the re	porting date relative to the	ne following client:
Purdue Phai	of Client as it appears on the Lobbyist		
	of Client as it appears on the Lobbyist	Registration Form)	
OR ☐ All reportable transactions by tunrelated to any particular client.	he lobbyist (including the lobbyist'	s family), or the lobbyin	g firm listed below which are
IV. Date of Report April 26,		July 26, 2017 🗹	_
	-33	ivity from 4/1/17 to 6/30/1:	7
	25, 2017	January 31, 2018 \Box tivity from 10/1/17 to 12/3.	1/17
V. There have been no fees re If this box is checked, complete just Concord, NH 03301.	ceived and no reportable transt this form and submit it to the Sec	sactions made since retary of State's Office,	the last report. State House, Room 204,
VI. Check if additional reports a	re attached:		
•	ade expenditures, you must file Ac		
Expense Reimbursement	m or reimbursed expenses, you mu		
If you, your firm, or your fam	ily has made political contributions	, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my kn (Signature of lobbyist)	SA 14-C and RSA 664 and hereby	630-17	foregoing information is true
Maura M. Weston (Print Name of lobbyist)			

PLEASE PRINT



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) <u>Maura M. Weston</u>	
II. Name of lobbyist's partnership, firm or corporation, if any:	
MM Weston 4 Associates, PLLC (Name of partnership, firm or corporation)	
III. Name of Client Purdue Pharma	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$/ 2, 000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	a) \$/ 2, 066 b) \$/ 2,000 ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ 24,006
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report to Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm a gagregate total of all expenses pair expenses; (b) the aggregate total of a le: meals purchased during a business as than \$10 that is given to the person and with a value of \$25.00 or less); an orting period of greater than \$25.00 for the period of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$ 12,600
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ / 2,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns 24,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
Onon	6-3017
(Signature of lobbyist)	(Date)
Maura M. Weston	

(Print Name of lobbyist)